INSURANCE INFORMATION

PLEASE GIVE INSURANCE CARD AND DRIVER'S LICENCE TO RECEPTIONEST

Patient ____
(Last) **(First)** **(Middle)**

HEALTH INSURANCE

Health Plan ____
ID No.__________________________ Group No. ______________________________
Policy Holder's Name ______________________________ Date of Birth ____________________
Relationship to Policy Holder _______________________ Deductible (yes) _______ (no) _______
Claims Address ____

MOTOR VEHICLE INSURANCE

Auto Insurance Company ____
Phone No. ________________________ Adjuster ______________________________
Policy Number ________________________ Deductible (yes) ___________ (no) ____________
Claims Address ____
Claim No. ______________________________ Date of Accident ___________________________
Does patient have Uninsured Motorist Coverage? _______ If so how much? _______________

ATTORNEY INFORMATION

Attorney Name ____
Address ____________________________ City _______________State ________ Zip__________
Phone No. ________________________ Fax No. ______________________________

Authorization of Treatment and Assignment of Benefits

I authorize treatment and hereby assign all medical and / or surgical benefits, to include major medical benefits, to which I am entitled from my insurance company to: Active Orthopedics, L.L.C. The assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered valid as original. I understand that I am financially responsible for all charges whether or not paid by said insurance; I hereby authorize and assignee to release all information necessary to secure payment. I also hereby authorize the release of my complete medical records to any other Physician to which I may be referred to by Active Orthopedics, L.L.C. for my continued treatment. I also release my complete medical record to anyone I may designate, verification to be by a phone call by me to this Physicians office.

______________________________ Date_________________________
Signature

Tampa: 6101 Webb Road, Ste 303 Tampa, FL 33615 Phone: (813) 885-5888 Fax: (813) 885-5889